

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

04-20-2006 90177046 ****10.00
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FILED

06 APR 26 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40054279

CR2E034B (8/05)

DOCUMENT # 194 768
1. Entity Name LAKE Palms Apartments, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business LAKE Palms Apts INC 750 Burlington Av No
Suite, Apt. #, etc

3. Mailing Address 750 Burlington Av No
Suite, Apt # etc

City & State ST PETERSBURG FL
Zip 33701 Country USA

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Zip 33701 Country USA

4. FEI Number 59 0814 139

5. Certificate of Status (E-Form) \$8.75 Additional Fee Required

**DO NOT WRITE
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7. Name and Address of Current Registered Agent

Name William L. Lindsay
Street Address (P.O. Box Number, if Applicable) 750 Burlington Avenue North
City St. Petersburg FL 33701

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida, Tallahassee, Florida, and accepts the obligations of registered agent

SIGNATURE: *William L. Lindsay* (NOTE: Registered Agent signature is required for filing) 4-14-06

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT William L LINDSAY 750 Burlington AV No ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President BARBARA DARDEN 750 Burlington AV No ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary JAMES T ALLEN 750 Burlington AV No ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Marilyn BRENEE 750 Burlington AV No ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Lilla L Washourty 750 Burlington AV No ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAMES TYLER 750 Burlington AV No ST PETERSBURG FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000069301350
04/05/06--01017--018 **140.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 111.07(2)(b) of the Florida Statutes and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if the signatory were the president, secretary, or treasurer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that I am filing this report with the proper attachment with an address, with all other like information.

SIGNATURE: *William L. Lindsay* William L Lindsay 4-14-06 727-898 8572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TL